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UTILITY
PATENT APPLICATION
TRANSMITTAL

Under the Paperwork

Attorney Docket No. 004860.P2564 Jerome R. Bellegarda First Inventor

Title M & A FOR SPEECH RECOGNITION USING SEMANTIC INFERENCE

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,	APPLICATION ELEMENTS	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application						
	See MPEP chapter 600 concerning utility patent application contents	Washington, DC 20231						
	1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
	2. Applicant claims small entity status. See 37 CFR 1.27.	Nucleotide and/or Amino Acid Sequence Submission						
	3. Specification [Total Pages 377	(if applicable, all necessary) a. Computer Readable Form (CRF)						
	(preferred arrangement set forth below) - Descriptive title of the Invention	b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or						
	 Cross References to Related Applications Statement Regarding Fed sponsored R & D 	ii. paper						
	 Reference to sequence listing, a table, or a computer program listing appendix 	c. Statements verifying identity of above copies						
	- Background of the Invention - Brief Summary of the Invention	ACCOMPANYING APPLICATION DADTO						
	- Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s)	ACCOMPANYING APPLICATION PARTS						
		9. Assignment Papers (cover sheet & document(s))						
	- Abstract of the Disclosure	10. 37 C.F.R. § 3.73(b) Statement (when there is an assignee) Power of Attorney						
		11. English Translation Document (if applicable)						
	[lotalrages 5]	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449						
	a. Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.63(d))	13. Preliminary Amendment						
	(for continuation/divisional with Box 17 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically iternized)						
	i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Other:						
# [named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).							
III II	6. Application Data Sheet. See 37 CFR 1.76							
-	17. If a CONTINUING APPLICATION, check appropriate box, and su	supply the requisite information below and in a preliminary amendment:						
14	☐ Continuation ☐ Divisional ☐ Continuation-in-pa	art (CIP) of prior application No:						
122	Prior application Information: Examiner	Group/Art Unit:						
	For <u>CONTÍNUATION OR DIVISIONAL APPS only:</u> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can</u> only be relied upog when a portion has been inadvertently omitted from the submitted application parts.							
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	Name							
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	City Sta	2to Code						
	Country Telephone	=,, 3333						
•	Name (Print/Type) Donna Jo Coningsby							
	Signature (Dome to (munas)	Date 10/13/00						

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

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Signature

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Application Number		_
Filing Date		
First Named Inventor	Jerome R. Bellegarda	
Examiner Name		
Group/Art Unit		
Attorney Docket No.	004860.P2564	

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEE							
Deposit		Large	Entity	Small	Entit	у			
Account Number 02-2666		Fee	Fee	Fee	Fee	Fee	Description		Fee Paid
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01 710 201 355 Utility filing fee		120	300	220		Filing a brief in s		appeal	
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2. EXTRA CLAIM FEES Extra Fee from		143	440	243	220	Design issue fee	В		
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**or number previously paid, if greater, For Reissues, see below Large Entity Small Entity		581	40	581	40	Recording each property (times		•	
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Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20		149	710	249	355	(37 CFR 1.129(a For each addition	• •	to bo	
102 80 202 40 Independent claims in excess	ss of 3	143	710	243	333	examined (37 C		IO DE	
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SUBMITTED BY						Compl	ete (if applica	ble)	
Name (Print/Type) Donna Jo Coningsby			gistratio tomey/Age		4	1,684	Telephone	(503) 684	-6200

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